

Contraceptive Preference Changed after Free-LARC Program for Teenagers

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Adolescent pregnancy is an important issue, which can cause social, educational and health problems to female adolescents. Thai government has launched the free-of-charge for long-acting reversible contraception (LARC) prevention in 2014 for Thai female adolescence. However, the acceptance of this program has not been reported. The study aims to describe the contraceptive use among reproductive age women before and after the free-of-charge LARC program. This retrospective cross-sectional study was conducted among reproductive age women who attended to the family planning clinic at Maharaj Nakorn Chiang Mai Hospital between 2009 and 2018. The data were collected from the medical records. The chi-square test was used to compare the contraceptive methods used before and after the program and the binary logistic regression was used to find the factors associated with implant use after the program. The data of 9536 women were enrolled in the study. The rates of subdermal implant, progestin-only pills and condom use were increase significantly after the program (2.3% to 9.5%, 27.8% to 30.4% and 9.9% to 12.4%; $p < 0.005$), while the rate of depot medroxyprogesterone acetate injection were decrease significantly after the program (44.0% to 35.3%; $p < 0.001$). The implant users aged under 20 years increased from 7.0% to 34.1%. Factors significantly associated with the implant use after the program included the age group, job, educational level, race, and number of pregnancies. The adjusted odds ratio (aOR) for age < 20 years = 4.36 (CI: 2.02 - 9.43); $p < 0.001$ and nulligravida; = 5.53 (CI: 2.65 - 11.52); $p < 0.001$. This study showed a significant increase in contraceptive implant use after the free-LARC program, especially among women under 20 years. In 2015, the birth rate for American teens and young adults (aged 15 to 19) hit an all-time low at 22.3 per 1,000 women. Despite positive trends, the United States continues to have the highest teenage pregnancy rate among industrialized countries with data. Racial and ethnic disparities in teen pregnancy rates continue to exist, as do state differences in pregnancy, birth and abortion rates. The American College of Obstetricians and Gynecologists supports adolescent access to all contraceptive methods

approved by the United States Food and Drug Administration. In the absence of contraindications, the choice of the patient should be the main factor in prescribing one method of contraception rather than another. Dual-method use — the use of condoms in combination with more effective contraceptive methods to protect against sexually transmitted infections and unintended pregnancy — is the ideal contraceptive practice for adolescents. Just as adolescents should have access to the full range of contraceptives, including long-acting reversible contraceptive methods, they should be able to refuse and stop any method on their own, without barriers. A reproductive justice framework for contraceptive counseling and access is essential to provide equitable health care, access and have coverage for contraceptive methods, and resist potential coercion from health care providers. Successful programs that have resulted in measurable changes in contraceptive practices and adolescent sexual behavior have been described, but not consistently implemented or supported by policy improvements. More research is needed to determine which programs are most effective and which programs are not. Continued efforts are integral to advancing positive trends. Providing adolescents with long-acting, same-day reversible contraception, or LARC, has saved more than \$ 2,000 per Medicaid patient in the United States compared to placement on a subsequent visit, according to one economic assessment published in JAMA Network Open. Unintended teenage pregnancies in America cost an estimated \$ 21 billion a year, wrote Tracey A. Wilkinson, MD, MPH, assistant professor of pediatrics at Indiana University School of Medicine, and colleagues. "Given the costs of unintended pregnancies and the short intervals between pregnancies for Medicaid in particular, which serves a vulnerable population at particularly high risk of adverse pregnancy outcomes, we sought to examine the net cost of providing LARC the same day from a Medicaid payer perspective," they added. To estimate LARC savings on the same day, Wilkinson and colleagues developed a decision model based on a 16-year-old patient who presented for care requiring this form of contraception.

Teenage motherhood can have health, economic and social costs for mothers and their children. In the United States, teenage births have declined, but more than 273,000 infants were still born to teenage girls aged 15 to 19 in 2013. The good news is that more and more teenage girls are waiting. sex, and for sexually active teenage girls, nearly 90% have used birth control. the last time they had sex. However, adolescent girls most often use condoms and birth control pills, which are less effective in preventing pregnancy when not used consistently and correctly. Intrauterine devices (IUDs) and implants, known as long-acting reversible contraception (LARC), are the most effective types of contraception for adolescent girls. LARC is safe to use, does not require you to take a pill every day or do something each time before having sex, and can prevent pregnancy for 3 to 10 years, depending on the method. Less than 1% of LARC users would get pregnant within the first year of use. Doctors, nurses, and other health care providers can encourage teens not to have sex. Recognize LARC as a safe and effective contraceptive choice for adolescents. Offer a wide range of contraceptive options to teens, including LARC, and discuss the pros and cons of each. Seek training on LARC insertion and removal, dispose of LARC supplies, and explore funding options to cover costs. Remind adolescents that LARC by itself does not protect against sexually transmitted diseases and that condoms should also be used every time they have sex. Few teenage girls (aged 15-19) on contraception use the most effective types. Long-acting reversible contraception (LARC) use is low. Less than 5% of adolescent girls on contraception use LARC. Most teenage girls use birth control pills and condoms, which are less effective at preventing pregnancy when not used correctly. There are several barriers for teens who might consider LARC: Many teens know very little about LARC. Some teens mistakenly think that they cannot use LARC because of their age. Clinics also report barriers: High upfront costs for supplies. Providers may not be aware of the safety and effectiveness of LARC for adolescents. Providers may lack training on insertion and removal. Providers can take steps to increase awareness and availability of LARC. Title X is a federal grant program supporting confidential family planning and related preventive services, primarily for low-income clients and adolescents. Title X-funded centers used the latest clinical guidelines on LARC, providers trained on insertion and removal of LARC, and obtained low-cost or no-cost contraceptive options. Adolescent use of LARC

has increased from less than 1% in 2005 to 7% in 2013. Other state and local programs have made similar efforts. More and more adolescent girls and young women have chosen LARC, resulting in fewer unwanted pregnancies. Preventing unintended teenage pregnancies is a national public health priority, and increasing access to long-acting, reversible contraception is part of the recommended strategy to achieve this goal. Nonetheless, the use of long-acting reversible contraceptives among adolescents across the country remained low, even after national and state programs increased coverage of free contraception. A persistent barrier is misinformation about the safety, effectiveness and availability of long-acting reversible contraception for adolescents. To overcome this obstacle, the Hoekelman Center, in collaboration with multiple partners, designed and implemented a community health intervention. The Greater Rochester LARC initiative disseminated accurate information on contraceptive options with an emphasis on long-acting, reversible methods by hosting interactive lunch-and-learns throughout the Greater Rochester, State of New York. Audiences included both health care providers and adults who work with adolescents in non-medical community organizations. The main objective of this study was to assess the impact at the community level of the Greater Rochester LARC Initiative on the use of long-acting reversible contraception in adolescents. Our evaluation design was pre-post with a non-randomized control group. We used data from the publicly available youth risk behavior surveillance system for the years 2013, 2015 and 2017 for our intervention site in Rochester, NY, New York, New York State and the United States in general. . These years cover the period before and after the start of the intervention in 2014. We used z-statistics to investigate the hypothesis that the use of long-acting reversible contraception increased more in Rochester than in Rochester. comparison populations. Between 2013 and 2017, long-acting reversible contraception use in Rochester increased from 4% to 24% of sexually active high school girls ($P < 0.0001$). During the same period, the use of long-acting reversible contraception in New York State increased from 1.5% to 4.8%, and in New York, contraceptive use reversible long-acting increased from 2.7 to 5.3%. In the United States as a whole, long-acting reversible contraceptive use increased from 1.8% to 5.3%. Thus, the increase in long-acting reversible contraceptive use in Rochester was greater than the

secular trend in the control groups ($P < 0.0001$). The use of long-acting, reversible contraceptives among adolescents has increased significantly more in Rochester than in the country as a whole. This result is consistent with a substantial positive impact of the Greater Rochester

LARC Initiative, implying that similar interventions could be useful additions to unintended teenage pregnancy prevention programs elsewhere and could be useful more generally for dissemination. evidence-based health improvement practices.